

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CCG / A14 23003182/4p3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMH 3889L

at Workshop m/s

Lelion Air Temp

Insured:

SCW 848P

Policy No.

Claims No.

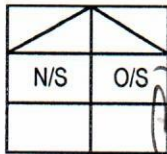
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

8200k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

359f

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMH 3889L

Yr Regn:

23/03/22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CA

Make:

Lexus 15300H

c.c

2494

Colour

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

14868

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTHBH1D2X05090990

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

235/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

26/03/23

D.O.I.

28/04/23

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

08/03/23

No 1, in order

4/5/23 4/5 @ 4500 in order Joshua

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$))

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

FALCON AIR AUTO SERVICES PTE LTD

Page 1 / 2

Tel No. :

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building 78 Shenton Way #07-16
079120

Attention : Motor Claim Department
Contact : 6419 3000

Estimate : ES708854

Date : 28/04/2023
Vehicle Num. : SMH 3889L
Make/Model : LEXUS IS300H
Chassis/Eng# :
Accident Date : 28/04/2023
Claim No. :
Reference :
Policy No. :

NOT APPROVED

28/4/23

4/5 #4500

4 days

unpho ARE 12/2

S/N	Quantity	Particular	Unit Price	Amount S\$
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LIST ITEMS :				
1.	1 PC	O/S REAR DOOR		1,804.00
2.	1 PC	O/S REAR DOOR STICKER		169.00
3.	1 PC	O/S ROCKER PANEL SKIRT		1,161.00
4.	1 PC	REAR BUMPER		1,163.00
5.	1 PC	O/S REAR BUMPER SIDE RETAINER		186.00
6.	1 PC	O/S REAR RIM		3,987.00
7.	1 PC	O/S REAR SHOCK ABSORBER		505.00
8.	1 PC	O/S REAR WHEEL BEARING		798.00
9.	1 PC	O/S REAR DOOR STONE GUARD		126.00
10.	1 PC	O/S ROCKER PANEL GARNISH EMBLEM		108.00

List TotalS\$:

10.00% Discount S\$:

10,007.00
1,000.70

9,006.30

SPECIAL NETT ITEMS :				
1.	1 PC	O/S REAR DOOR INNER TRIM BOARD CLIPS		40.00
2.	1 PC	O/S ROCKER PANEL SKIRT CLIPS		40.00
3.	1 PC	REAR BUMPER CLIP		40.00
4.	1 PC	REAR BUMPER RIVET		60.00

Special Nett Total S\$:

180.00

CONTINUE / ...

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Page 2 / 2

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Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
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LABOUR :

TO FIT REVERSE SENSOR IN BUMPER
TO RESET CLEARANCE SONAR USING DIAGNOSTIC SCANNER
TO TRANSFER DOOR GLASS
TO TRANSFER DOOR MECHANISM
TO FIT TYRE ON NEW RIM
TO REPLACE O/S REAR UNDERCARRIAGE
TO CONDUCT 4 WHEEL ALIGNMENT
TO REPAIR INNER PANEL, ACCIDENT DAMAGE AREA,
REPLACEMENT OF PARTS AND ALIGN THE SAMA
TO PUTTY AND SPRAY PAINT ON ACCIDENT DAMAGE AREA

11	50.00	X
11	250.00	X
	120.00	
	120.00	360
11	50.00	X
11	300.00	X
	120.00	60
	900.00	550
	900.00	600
		2,810.00

Labour Total S\$:

E. & O.E.

Total S\$: 11,996.30

for FALCON AIR AUTO SERVICES PTE LTD

TAMPINES BRANCH

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

p- 4865
102
4378.5
1270
5648.5
4170